

01/04/02

JC812 U.S. PRO

01-07-02

A

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. _____
First Inventor Lev Korenevsky
Title PAINT ROLLER FRAME WITH ACCESSORIES
Express Mail Label No. *ET 934904185US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing.)
- ☒ Applicant claims small entity status.
See 37 CFR 1.27.
- ☒ Specification [Total Pages 26]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
- Oath or Declaration [Total Pages 2]
 - ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
 - ☐ (for continuation/divisional with Box 18 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application. see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other: _____

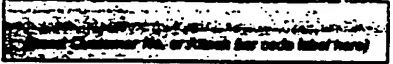
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or	<input type="checkbox"/> Correspondence address below
Name	<u>LEV KORENEVSKY</u>		
Address	<u>250 174 St. #1107</u>		
City	<u>MIAMI BEACH</u>	State	<u>FL.</u>
Country		Zip Code	<u>33160</u>
	Telephone	<u>(305) 9374334</u>	Fax

Name (Print/Type)	Registration No. (Attorney/Agent)
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10037548-040402

JC832 U.S. PRO
10/03/548
01/04/02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number		
		Filing Date		
		First Named Inventor		
		Examiner Name		
		Group Art Unit		
TOTAL AMOUNT OF PAYMENT (\$)		622	Attorney Docket No.	

METHOD OF PAYMENT		FEE CALCULATION (continued)																																					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: Deposit Account Name: <input type="checkbox"/> Charge Any Additional Fee Required (See 37 CFR 1.17) <input type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27)		3. ADDITIONAL FEES																																					
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																							
FEE CALCULATION																																							
1. BASIC FILING FEE																																							
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>(201)</td><td>355</td><td>Utility filing fee</td><td>370</td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	101	710	(201)	355	Utility filing fee	370	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee			
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																																		
101	710	(201)	355	Utility filing fee	370																																		
106	320	206	160	Design filing fee																																			
107	490	207	245	Plant filing fee																																			
108	710	208	355	Reissue filing fee																																			
114	150	214	75	Provisional filing fee																																			
SUBTOTAL (1) (\$)		370																																					
2. EXTRA CLAIM FEES																																							
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>17</td><td>-20** =</td><td></td><td></td></tr><tr><td>9</td><td>-3** =</td><td>6</td><td>42</td></tr><tr><td></td><td></td><td></td><td>252</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	17	-20** =			9	-3** =	6	42				252																						
Total Claims	Extra Claims	Fee from below	Fee Paid																																				
17	-20** =																																						
9	-3** =	6	42																																				
			252																																				
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Claims in excess of 20</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	102	80	202	40	Claims in excess of 20		104	270	204	135	Independent claims in excess of 3		109	80	209	40	Multiple dependent claim, if not paid						** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent			
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																																		
102	80	202	40	Claims in excess of 20																																			
104	270	204	135	Independent claims in excess of 3																																			
109	80	209	40	Multiple dependent claim, if not paid																																			
				** Reissue independent claims over original patent																																			
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																			
SUBTOTAL (2) (\$)		252																																					
*For number previously paid, if greater. For Reissues, see above																																							
		Other fee (specify)																																					
		SUBTOTAL (3) (\$)																																					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)		Registration No. (Attorney/Agent)	Telephone
Signature			Date

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.